Donation or Membership Form

Send this form with your membership fee or donation to:

ARCH National Respite Network
c/o CHTOP, Inc.
800 Eastowne Dr. Suite 105
Chapel Hill, NC 27514

Date:_________________

Name:______________________________________ Title___________________________

Company Affiliation: _________________________________________________________

Mailing Address: ____________________________________________________________

City:________________________________ State: _______ Zip:______________________

Telephone:________________________________Fax:______________________________

Email Address:______________________________________________________________

Donation Amount: $_________________

Individual Membership:

☐ Professional: $75.00  ☐ Family Caregiver: $25.00  ☐ Student: $25.00

Organizational Membership:

☐ Company/ State Coalition Level 1: $125
For companies with annual budgets of under $100,000 and small state respite coalitions. Membership includes two professional memberships.

☐ Company/ State Coalition Level 2: $225
For companies with annual budgets of under $500,000 and medium-sized state respite coalitions. Membership includes three professional memberships.

☐ Company/ State Coalition Level 3: $325
For companies with annual budgets of over $500,000 and large state respite coalitions. Membership includes up to five professional memberships.

Checks should be made out to ARCH-CHTOP, Inc

If you would prefer, you may join or renew your membership online by visiting the website at https://arch.wildapricot.org/Member_Application. The ARCH parent organization, The Chapel Hill Training-Outreach Project, Inc. is a 501(c) (3) organization. Your donation is considered by the IRS to be tax deductible.